

Work Order ID 121554

\*121554\*

Page 1

Thursday, June 26, 2014 3:03:06 PM

Item ID: D4884-1 Accept \*N900040100\* Setup Start \*NS1\*

Revision ID: Stop \*NS2\*

Item Name: End Fitting, Eye

Start Date: 6/26/14 Start Qty: 16.00 \*16\*

Required Date: 6/26/14 Req'd Qty: 16.00 \*16\*

Cust Item ID:

Customer:

Reference:

Approvals: Process Plan: MLJ Date: 14-06-30 Tooling: \_\_\_\_\_ Date: \_\_\_\_\_

QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Run Start \*NR1\*

Stop \*NR2\*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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Draw Nbr	Revision Nbr
D4884	REV A

100 0.00

\*100\*

Outsource1  
Outsource process - Heat Treat

Memo  
ISSUE P/O: 24906  
POSSIBLE SUPPLIER: ATG

C OF C IS REQUIRED

110 0.00

\*110\*

QC  
Quality Control

Memo

QC2- Inspect parts off machine FAI/FAIB

120 0.00

\*120\*

QC  
Quality Control

Memo

QC8- Inspect parts - second check

CL 14/07/08 16

16x SP14-11-21

NA

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

Work Order: _____  Part No. _____  NCR No. _____	<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>	<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>
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Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

### FAULT CATEGORY

<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled  <input type="checkbox"/> Other
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# Work Order ID 121554

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Page 2

Thursday, June 26, 2014 3:03:06 PM

Item ID: D4884-1 Accept \*N900040100\* Setup Start \*NS1\*  
 Revision ID: Stop \*NS2\*  
 Item Name: End Fitting, Eye  
 Start Date: 6/26/14 Start Qty: 16.00 \*16\* Cust Item ID:  
 Required Date: 6/26/14 Req'd Qty: 16.00 \*16\* Customer:  
 Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_ Run Start \*NR1\*  
 QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_ Stop \*NR2\*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
130	Outsource process - NDT per QSI038 4.1	0.00							
*130*									
Outsource2	Memo	0.00							
Outsource process - NDT	ISSUE P/O : 24906								
	C OF C IS REQUIRED								
140	Receive & Inspect for Damage & Mat'l Certs	0.00							
*140*									
Packaging	Memo	0.00							
Packaging									
150	QC5- Inspect part completeness to step on W/O	0.00							
*150*									
QC	Memo	0.00							
Quality Control									

CL 14/07/08

done @ ATC

lex 8014-11-21

16

DAS  
38  
9-89

NOV 26 2014

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

Work Order: _____  Part No. _____  NCR No. _____	<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>	<b>AGAINST DEPARTMENT/PROCESS</b>  <table style="width:100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

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Doc/Data									
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Handling/Pre									
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Transport									
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### FAULT CATEGORY

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# Work Order ID 121554

\*121554\*

Page 3

Thursday, June 26, 2014 3:03:06 PM

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Revision ID: Stop \*NS2\*  
Item Name: End Fitting, Eye  
Start Date: 6/26/14 Start Qty: 16.00 \*16\* Cust Item ID:  
Required Date: 6/26/14 Req'd Qty: 16.00 \*16\* Customer:  
Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_ Run Start \*NR1\*  
QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_ Stop \*NR2\*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
160	Identify as per dwg & Stock Location: <u>ST 136</u>	0.00							
*160*									
Packaging	Memo	0.00							
Packaging	IDENTIFY AS PER QSI 044 6.1								
170	QC21- Final Inspection - Work Order Release	0.00							
*170*									
QC	Memo	0.00							
Quality Control									

14/12/2014

14-12-02

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

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Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

### FAULT CATEGORY

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# Picklist Print

Thursday, June 26, 2014 3:03:05 PM

Page 1

Work Order ID: 121554

**\*121554\***

Parent Item: D4884-1

**\*D4884-1\***

Parent Item Name: End Fitting, Eye

Start Date: 6/26/14

Required Date: 6/26/14

Start Qty: 16.00

Required Qty: 16.00

Comments: IPP REV:A NEW ISSUE 14-01-13 JLM VERIFIED BY:DD

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
D4884-1P		Purchased		No			Each	0.0000		16			
<b>*D4884-1P*</b>									<b>**</b>				
End Fitting, Eye													
M174PH-H900R1.500		Purchased		No			f	31.8583		6			
<b>*M174PH-H900R1 500*</b>									<b>**</b>				
17-4SS H900 ROUND BAR 1.500													
				<u>Location</u>			<u>Loc Qty</u>		<u>Loc Code</u>				
				MAT031			31.8583						
				M128809			31.8583						

16x SP14-11-21  
14-7-10  
6 ft

888  
13  
DAS

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

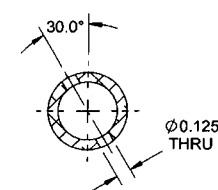
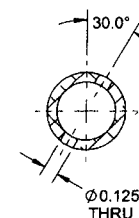
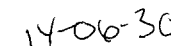
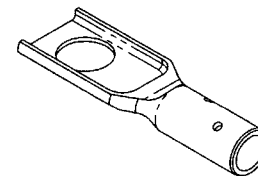
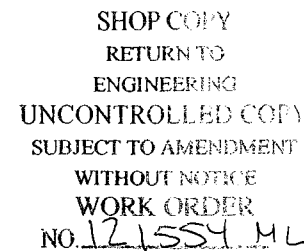
Work Order: _____  Part No. _____  NCR No. _____	<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>	<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>
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Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

### FAULT CATEGORY

<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
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**SECTION C-C** C4-1

**SECTION D-D** C5-1

**D4884-1 END FITTING, EYE**

2013-12-12

NOTES:

- NOTES:
- 1) MATERIAL: 17-4 PH/317400/TYPE 630 SS ROUND BAR, H900 CONDITION  
PER AMS 5643/ASTM A564  
DART SPEC M17-4-R
  - 2) FINISH: N/A
  - 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
  - 4) UNITS: INCHES UNLESS OTHERWISE NOTED
  - 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
  - 6) IDENTIFICATION: IDENTIFY PER QSI 044 6.1
  - 7) WEIGHT: 0.13 lbs
  - 8) LIQUID PENETRANT INSPECT PER QSI 038 6.1.1 (ASTM E1417 LEVEL 2)

A	NEW ISSUE		RF	13.09.16
REV.		DESCRIPTION	BY	DATE
DESIGN	RF	<b>DART AEROSPACE LTD</b> HAWKESBURY, ONTARIO, CANADA  DRAWING NO. <b>D4884</b>  TITLE <b>END FITTING</b>		
DRAWN	RF			
CHECKED	DC			
MFG. APPR.	JLM			
APPROVED	HS			
DE APPR.	DS			
DATE	13.12.01			

Dart Aerospace Ltd.  
1270 Aberdeen Street  
Hawkesbury, ON K6A 1K7  
Tel: 613 632 9577  
Fax: 613 632 1053

## PURCHASE ORDER

Purchase Order ID PO24906

Purchase Order Date 7/8/2014

PO Print Date 8/20/2014

Page Number 2 of 8

From:

VC-ATG001

A.T.G. INDUSTRIES INC.  
731 INDUSTRIELLE ROAD  
ROCKLAND, ON K4K 1T2  
CANADA

Ship To: DART AEROSPACE LTD  
1270 ABERDEEN  
HAWKESBURY, ON K6A 1K7  
CANADA

Contact Name

Vendor Phone

613-446-4544

Ship To Contact

Ship To Phone

Ship Via:

VENDOR'S TRUCK

Ship Acct:

Buyer

Customer POID

Customer Tax #

Terms

Currency

FOB

Chantal Lavoie

10127-2607

Net 30

CAD

FCA - (Free Carrier)

Line Total:

\$3,900.00

4 D4871-3P

End Fitting

12/19/2014 FN

30.00

Yes

Each

\$130.00

\$3,900.00

AS PER DWG D4871-3 REV. A

B121694

MAT: 174PH-H900R 1" M127334

12/19/2014

Line Total:

\$3,900.00

5 D4884-1P

End Fitting, Eye

12/19/2014 FN

16.00

Yes

Each

\$122.50

\$1,960.00

AS PER DWG D4884-1 REV. A]

B121554

MAT: 174PH-H900R 1.5" M128809

12/19/2014

Line Total:

\$1,960.00

Note:

8/20/2014



A.T.G. INDUSTRIES INC.  
731 INDUSTRIELLE STREET  
ROCKLAND, ON K4K 1T2  
Canada

Ph: (613) 446-4544  
Fax: (613) 446-4556

### Pack List

Number: 909132

Date: 21-Nov-14

To

DART AEROSPACE LTD  
1270 ABERDEEN STREET  
HAWKESBURY, ON K6A 1K7  
Canada

Ship To

CHANTAL LAVOIE  
DART AEROSPACE LTD  
1270 ABERDEEN STREET  
HAWKESBURY, ON K6A 1K7  
Canada

Ph. 613 632-9577

Fax: 613 632-1053

Ph: 613 632-9577

Fax: 613 632-1053

Terms		Ship Via	
Quantity	Description		
	PLEASE REFERENCE THE PACK LIST NUMBER ON ALL CORRESPONDENCE TO THIS SHIPMENT. IF YOU HAVE ANY QUESTIONS, PLEASE CALL AT (613) 446-4544.		
✓ 16 ea	Part: D4884-1P END FITTING, EYE Job: 16640	Rev: A PO: PO24906 Line: 5	SP14-11-21
6 ea	Part: D4885-3P END FITTING Job: 16641	Rev: A PO: PO24906 Line: 6	
10 ea	Part: D4885-2P END FITTING Job: 16642	Rev: A PO: PO24906 Line: 7	
DATE: 21 Nov 2014 CERTIFIED SIGNATURE: [Signature] RECEIVER SIGNATURE: _____  Note: This Packing Slip may contain parts that have been PLATED. Items that are plated may be subject to natural tarnishing and it is suggested that they be inspected within 24 hours of receipt.  CERTIFICATE OF CONFORMANCE  A.T.G. INDUSTRIES INC. CERTIFIES THAT ALL ITEMS IN THIS SHIPMENT CONFORM TO THE REQUIREMENTS.  MADE IN CANADA.			



# F.A.I.

## First Article Inspection Report

#

525

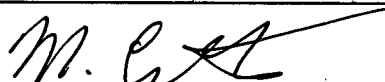
Requesting Company: Dart AerospacePO#: PO24906Line: 5Qty: 16Part Number: D4884-1PRev: APart Description: End Fitting, EyeFAI Supplied by: A.T.G. Industries Inc.FAI Prepared by: Emily Louis-SeizeDate: July 14, 2014Qty Inspected: 16FAI Inspected by: Mike CsontosDate: November 12, 2014

### Material and/or Special Processes

Type	Description	Specification Number/Code	Certificate of Conformance Number:
Material	17-4SS H900		Supplied by Customer
Special Process	Liquid Penetrant	QSI 038 6.1.1/ASTM E1417, Level 2	PO#: 20140464

### Inspection Information and Results

Char#	Location	Requirement	Result	UoM	Pass/Fail	Measurement Equipment:	Operation #:
1	D7	Ø.500	Ø.500	inch	Pass	Gauge Pin	1
2	C7	1.17	1.167	inch	Pass	Depth Micrometer	1
3	C7	.09 REF	0.115	inch	Pass	Depth Micrometer	1
4	D6	0.66	0.664	inch	Pass	Micrometer	2
5	D5	2.060±.005	2.06	inch	Pass	Height Gauge	3
6	D5	R.25	R.25	inch	Pass	Radius Gauge	2
7	D4	0.500	0.500	inch	Pass	Height Gauge	2
8	D4	0.03	0.029	inch	Pass	Comparator	1
9	D4	0.017	0.016	inch	Pass	Comparator	1
10	C5	3.65	3.647	inch	Pass	Caliper	2
11	C5	R.63 TYP	R.625	inch	Pass	Radius Gauge	1
12	C5	1.81	1.812	inch	Pass	Height Gauge	2

Inspection Information and Results							
Char#	Location	Requirement	Result	UoM	Pass/Fail	Measurement Equipment:	Operation #:
13	C6	1.132	1.131	inch	Pass	Caliper	1
14	D6	Ø.750/.749	Ø.7491	inch	Pass	Gauge Pin	2
15	C7	.947	0.943	inch	Pass	Caliper	2
16	C7	.059 TYP	0.058	inch	Pass	Comparator	2
17	B7	.063	0.064	inch	Pass	Micrometer	2
18	B7	R.06 TYP	R0.06	inch	Pass	Radius Gauge	2
19	B8	.055 x 45°	.06 x 45° Chamfer	inch/degree	Pass	Comparator	2
20	C8	Ø1.14	Ø1.137	inch	Pass	Caliper	1
21	C6	0.200	0.198	inch	Pass	Caliper	2
22	B4	Ø.670+.000/-.001	Ø.6693	inch	Pass	Micrometer	1
23	B4	1.39	1.386	inch	Pass	Caliper	2
24	B5	Note 6	✓	inch	Pass	Visual	3
25	B5	R.25	R.25	inch	Pass	Radius Gauge	2
26	C3	30°	30°	degree	Pass	Comparator	3
27	B3	Ø.125 thru	Ø.125	inch	Pass	Gauge Pin	3
28	C2	30°	30°	degree	Pass	Comparator	3
29	B1	Ø.125 thru	Ø.125	inch	Pass	Gauge Pin	3
<div> <div>First Article Inspection Report Approved and Completed in Full by:</div> <div>  </div> <div>Date: 21/11/14</div> </div>							



# skyservice Work Order Traveler



Sky Service F.B.O. Inc.

DOT APP 53-89 / EASA 145.7142 / BDA AMO 385

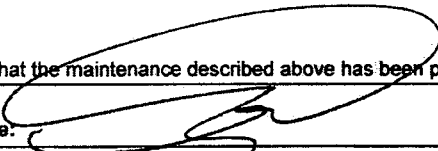

WO #: MWO22771	Customer: ATG Industries Inc	Dept: NDT YUL	Reference: 20140464
Descr:	PN:	S/N:	Qty: 1
Make:	Model:	Reg:	A/C S/N:
TSN:	CSN:	TSO:	
Task: UNSCHEDULED			Sequence: 1

## Work Required:

CARRY OUT NDT ON 77 PARTS AS PER PO: 20140464

Action Taken:						Date:	Initial/Stamp:
LPI C/O IAW ASTM E-1417M-13							
***NO CRACK FOUND***							
PEN.(ZL-37 , B#10A070), DEV.(SKD-S2,B#13D14k) , EMU.(ZR-10B,B#10A074).						NOV 18 2014	 
Description	Location	P/N	Qty	Batch	S/N Off	S/N On	

I certified that the maintenance described above has been performed in accordance with the applicable standard of airworthiness.

Signature: 	ACA/SCA Stamp 	Date: NOV 18 2014
Name: RAFIK MELIKIAN		

SKYM002-1 REV 4 Mar/14

COPY